

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XL.

WEDNESDAY, MAY 30, 1849.

No. 17.

CEREBRO-SPINAL MENINGITIS.

[Communicated for the Boston Medical and Surgical Journal.]

THOUGH not authorized by any autopsical observation of my own, I have taken the liberty of applying the above appellation to an epidemic which has prevailed in this vicinity for a few weeks past. The term implies a pathological condition denoted by the phenomena which the disease has presented, and which very nearly correspond with those described by Dr. Stone, in his paper in the Journal, upon the same subject. Since the latter part of the winter, this epidemic has made its appearance in different parts of this and the adjoining counties; presenting an assemblage of symptoms, and exhibiting a degree of fatality, not common to any disease that has heretofore prevailed among us. Those cases that have fallen under my notice, have occurred within a circuit of two or three miles, in the vicinity of the little village of Dresserville, about five miles from me; a hitherto healthy locality, and one which has enjoyed a remarkable immunity from the ordinary epidemics of our country.

The abruptness of the attack, the almost undeviating uniformity of the symptoms which usher it in, and the frightful rapidity with which fatal cases have hurried to a termination, all seem to mark the disease as distinct from any with which we have been practically acquainted. The patient, from health, or perhaps slight indisposition, is suddenly seized with pain in the head and joints, attended with rigors more or less severe; the extremities immediately become cold, the countenance livid and death-like, the eyes wild and staring; vision imperfect; pulse small, rapid and irregular; tongue pale, and covered with thin white fur; great restlessness, spasms, and early manifestations of sensorial disturbance, confusion of the intellect or actual delirium, and in some instances convulsions, stupor, and death in the course of a few hours. Generally, however, this state has been tardily succeeded by re-action; the face becomes flushed, the eyes suffused and sparkling, seeming to protrude from their sockets; the respiration hurried; pulse at times tolerably full and hard, but thready and intermitting during the paroxysms. The patient becomes more restless and unmanageable, tosses about upon the bed, throws himself backward and forward, grates the teeth, complains of the head or back, talks incoherently; and as the disease advances,

convulsions or paroxysms of furious delirium occur, alternated by intervals of somnolency, during which the patient lies apparently insensible, with the eyes turned upward, and a constant twitching of the muscles of the face; groans occasionally, calls the name of some friend, or perhaps mutters an indistinct complaint. In some cases, the symptoms have at times seemed to abate; the skin become moist, the pulse more free and full, with a return of reason, and a decided improvement in the general appearance; when, all at once, the aspect of the case would change, the symptoms resume their former severity, and go on increasing until the vital energies become exhausted and the patient sinks. Muscular prostration, however, has not been very conspicuous—the patients, in some instances, being able to get up and walk about, almost to the last.

The pain in the head, back of the neck, and one or more of the joints of the extremities, together with delirium, and a remarkable protrusion of the eyes when re-action has taken place, have, I believe, been constant symptoms in all severe cases. The stomach has sympathized but little; the bowels, though readily moved by laxatives, have manifested no tendency to diarrhoea. Paucity of urine, with retention in the latter stage, have also been prominent symptoms. In two cases strabismus and double vision have been present, at intervals, from the commencement through the whole course of the disease. With two or three exceptions, the subjects have been children or youths with sanguineo-athletic temperament.

In the case of one lady, of nervous temperament and feeble constitution, whom I saw, with her physician, on the second day of her disease, no re-action had taken place. I was informed that she had convulsions on the preceding day, and the vital energies seemed prostrated as it were by a sudden shock. The countenance was livid, the surface covered with cold clammy perspiration; the pulse feeble, fluttering and irregular, with great muscular prostration and constant muttering delirium. Diffusible stimuli were administered freely, but with no avail. She died on the fourth day after the attack.

In the case of a little boy, also, whom I was called to visit a short time before he died, there was no re-action. He was seized on the preceding evening with shivering, coldness of the extremities, pain in the head, &c., soon became delirious, and was now in a state of partial insensibility, surface and extremities cold, pulse feeble and intermitting, and, with the exception of the pupil, which was permanently contracted, his appearance was like that of one suffering from concussion of the brain. In this case, death took place in about twenty hours from the attack.

The disease has observed no marked crisis or stated duration, nor has any case assumed a decidedly typhoid character. Some have been protracted in consequence of relapses from the effect of cold; in these there have been periodical remissions and exacerbations, closely simulating the tertian type of intermittents. Generally, however, those that have terminated favorably, have convalesced pretty soon, with copious diaphoresis, and a gradual abatement of the symptoms.

Such have been the general features of this malady, which has doubtless displayed less virulence and been attended with less fatality in this, than in many other places. The same inexplicable circumstances, however, that have attended it elsewhere, have been present here. It has confined itself to a narrow circuit, and that, too, in a section where there are no apparent physical causes that have not existed for years; none that are not found in almost any part of the surrounding country. That it is the result of some meteorological influence, we cannot doubt, if we will compare its characteristics with those of our common miasmatic diseases. But why it should so suddenly appear, without a visible cause, and why an aerial poison, so active in its nature, should not diffuse itself over a greater extent of territory, are problems as difficult of solution as are many of the phenomena of our intermitting fevers. Why these should affect the animal economy in the precise manner they do, lying as it were ambushed in the system for months, and then suddenly breaking forth, and displaying so strict an observance of those laws which regulate their periodicity and succession of stages, has never yet been satisfactorily explained.

As was intimated at first, no post-mortem examinations have been made; yet the symptoms have most unequivocally denoted disease primarily located in the nervous system. In no instance have there been evidences of inflammation in any of the abdominal or thoracic viscera; and in some, death has occurred even before the development of inflammatory action in any part. Here, of course, the extinction of life has not resulted from the shock of pain, or from structural lesion of any vital organ; but from mere suspension of nervous power—a withdrawal, as it were, of the stimulus, and consequent arrest of the whole play of sympathetic influences concerned in the operations of life. That death may result from lesion of those forces that animate the living structures, as well as from lesion of organization, has long been an axiom with the physiologist. Indeed, when organic lesions occur, they are mere subsidiary events in the development of the more immediate causes of dissolution.

That this disease, then, is produced by some morbid agent, acting directly upon the cerebro-nervous system, we cannot doubt. But the probable origin, the peculiar properties, and the *modus operandi* of this agent, are speculative points, upon which the purposed limits of this article will not permit me to enter. That it should act thus specifically upon the system, uniformly invading the same structures, and producing the same train of phenomena, is not more remarkable than that a narcotic should invariably exert a sedative influence upon the nervous system; or that ergot should act energetically upon the gravid uterus, without perceptibly affecting any other organ, even the gastro-intestinal mucous membrane, with which it is in immediate contact. These facts have become so familiar, that they cease to excite our surprise, and we know that remedial and morbid agents are controlled by similar laws.

A question of far more practical importance than the foregoing, suggests itself, viz.—What is the treatment best calculated to arrest this malady? On the first appearance of the disease, some cases have fallen into the

hands of *quacks* of different orders, but the elements becoming too boisterous for such mariners, they have fled like birds before a tempest, leaving the subsequent management to those whose motto is, "However fierce the storm, stand fast to the helm and brave the fury of the shock."

The first three cases that occurred, terminated fatally within 60 hours after the attack. One of these was treated by a *Thomsonian*. With the other two, venesection was practised to some extent, and though the condition of the pulse and other symptoms seemed to indicate the measure, according to the judgment of their attendant, it produced but slight temporary relief, and was soon followed by rapid prostration and death. I am informed that similar unfavorable results have followed active depletion, either sanguineous or otherwise, wherever it has been practised. Whether the employment of the means and the unfortunate terminations, have been mere concomitant circumstances, or whether they have borne the relation of cause and effect, we are not permitted to decide. Be this as it may, the relation is so apparent, that the idea now prevails, to a dangerous extent, that the use of the lancet in this disease is the sure harbinger of destruction. So strong is this prejudice with the non-professional, that a practitioner of equivocal decision, and limited claim upon the confidence of his patients, would scarcely be permitted to employ this important remedy, even were it indispensably requisite. That it may be sometimes indispensable, and often beneficial, in this as well as in other diseases, there can be little doubt. Yet upon a careful consideration of the circumstances and peculiar tendencies of the complaint, we shall place less reliance upon it than we might at first be disposed to do. True the manifest cerebral disturbance, a predominant feature in almost every case, would seem to call for the abstraction of blood, as one of the principal means of affording relief; but as has been very justly observed, the symptoms are those of some powerful sedative operating upon the nervous system and paralyzing sensation. Re-action has generally been slowly and imperfectly developed, fatal cases having sunk under the effects of mischief apparently sustained prior to its occurrence. Congestion, or inflammatory action if present, are only symptoms denoting that the insidious foe has previously made his assault upon the citadel of life.

With these views, corroborated by the result of what experience opportunity has afforded, we have been led to adopt that plan of treatment calculated to equalize the circulation, and restore the sensitive power of the nerves, with the least possible expenditure of the vital energies. For this purpose, mild stimulating and tepid drinks, warm pediluvium, and external revulsive applications, are our main reliance until re-action is established, which is afterwards controlled, as far as possible, by a prompt contra-stimulant plan. Laxatives, mercurials, nauseating, and the ordinary febrifuge remedies, and sedatives, have been used according to the indications. Counter-irritants have been used with great freedom. In most instances, active sinapisms or vesicants have been applied to the epigastrium, spine and extremities, and continued while the symptoms appeared to demand them.

But as I designed to say little of the treatment at this time, I shall

speaking more fully upon the subject, illustrating it with notes of cases, in a future communication, should the disease continue to prevail.

Summer Hill, N. Y., May 8, 1849.

H. O. JEWETT.

SKETCHES OF EMINENT LIVING PHYSICIANS.—NO. VI.

CHARLES D. MEIGS, ESQ. M.D.

[Concluded from page 315.]

IN 1832, when the citizens of Philadelphia were daily receiving accounts of the horrid ravages of that dreadful epidemic, the Asiatic cholera, in Canada and Nova Scotia, the councils appointed three physicians to go to the scene of desolation, and examine the nature of the disease; and, if possible, find some remedy or palliative, for its treatment, ere it should reach us. The individuals selected were Drs. C. D. Meigs, Richard Harlan (peace to his ashes!), and Prof. Samuel Jackson. These gentlemen repaired to Quebec and other places where the disease was most rife, and attentively examined it, in all its details. Their report was followed by the adoption of the most stringent regulations for the promotion of cleanliness and comfort, in all the remote and public places in our city. This, with the confidence infused into the people, and city officers, were no doubt among the greatest means of arresting the progress of the disease on its way South. The mildness of its attacks among us, may most probably be accounted for in this way. On the first appearance of the disease, houses were set apart and furnished with all the appliances of hospitals, and placed under the care of the most distinguished of our physicians. Dr. Meigs, then lecturer on obstetrics in the Medical Association, was appointed to superintend one in Cherry street, above Fifth, in the session room of the third Presbyterian church. Dr. Meigs's favorite prescription, in addition to venesection and the application of heat to the extremities, was Dr. Hope's camphor mixture, with which, with his usual enthusiasm, he hoped to cure most of the cases—but, alas! the final counting up of the cases, after the disease had left us, showed that the injection of salt and water or blood into the veins (Drs. Jackson and Horner), the *chicken water* practice (Dr. Parrish), and the eclectic modes of practice (Dr. Chapman and others), all resulted in about the same thing. In the long run, the mortality was about the same.

Dr. M. never for a moment relaxed his labors in the cause of humanity. Night after night, and day after day, saw him devoting the whole of his energies, and bringing the resources of his well-stored mind, to bear upon the disease. A severe fit of sickness, from total prostration, was the consequence; and his valuable life was well nigh sacrificed in his efforts to defend the citizens from the disease.

This devotion, indeed, to his profession, is exemplary. As accoucheur to the Pennsylvania Hospital, lecturer on obstetrics in a summer association (with the lamented Dr. Parrish and his compeers), and as professor in the Jefferson College, his labors have been unremitting. As might be inferred from his writings, his attention, in spite of all this, has been con-

tinually directed to polite literature. One of the best linguists of our city, he is familiar with the polished and classical writers of Italy, Germany, France and England. This portion of his acquirements, thus exhibited, is not perhaps for the good of our mother tongue; yet, to the young medical man it is invaluable, as affording him glimpses of those mines of happiness which he may work out in the intervals of leisure which he must necessarily enjoy in the early years of his practice. Two of his favorite productions, before the public, have reference to the Augustan age of Roman literature. Of these he may well be proud. They were delivered before one of the most polished of Philadelphia audiences. These lectures were written in accordance with the well-known rules of Horace, which he is so fond of quoting—

"Omne tulit punctum qui miscuit utile dulci,
Lectorem delectando paratque monendo."

His style of lecturing may be called dramatic. A strong vein of mirthfulness, which is occasionally broken into by deep pathos, and brilliant scintillations of the most classic wit, enchain the attention of the delighted hearer, and cause the hour of his lecture to be considered the shortest of the twenty-four. No man knows better than he, when and how to throw into the dry details of science and learning, the spirit-moving power of anecdote, accompanied, not unfrequently, with the enlivening influence of graphic description. Obstetrics, under his hand, becomes a beautiful garden, whose mazes are embellished with flowers from every clime; and so arranged, that although the exotics and indigenous plants strew every path, yet, by their ever varied distribution and arrangement, nothing palls upon the taste, nor fatigues the eye. Without the pomp and circumstance of studied oratory, he displays all the graces of private conversation with the most finished diction and eloquent periods of composition.

His entrance into the lecture room, is that of an easy and polite visiter to a lady's parlor. His gestures are simple, unstudied, and (proof of their truthfulness) never strike the listener as theatrical or artificial. His imagination bodies forth his illustrations at once beautiful and chaste, and his voice, which is not strong, is yet clear and distinct. His playfulness of manner, general simplicity and unaffectedness of style, produce a *naiveté* which is very winning. At one time, he exhibits all the simplicity of a young girl; at another, the dignified port of the gentleman; and again, the tedious whinings of the poor invalid female. The lecture room gradually fills, before the hour of lecture, until it is entirely full, of an audience at once ready to smile, laugh or weep, at the bidding of the accomplished teacher.

"Hark, his hands the lyre explore—
Bright eyed fancy hovering o'er,
Scatters from her pictured urn,
Thoughts that breathe and words that burn."

The truth is, that Dr. M., in spite of many peculiarities which would damn any other man to eternal silence, has risen among us like a rocket, and soars above all opposition. May he, as he undoubtedly will, still keep his envied ascendancy, and not, like the aforesaid rocket, fall to the

ground in the form of a *dry stick*. Health and long life to him—as a good-hearted and accomplished gentleman, and one who honors his profession quite as much as it honors him.

CATO.

THE SURGICAL ADJUSTER.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—In your Journal of April 23d, I find an attack on me and my instrument, the adjuster, by one Dan King; and to which, through the same periodical in which such attack is made, I beg leave briefly to reply. I should have done so immediately, on its first appearance, but I was quite unwilling to forego the pleasure of meeting that august body—that host of our profession—the American Medical Association, lately convened in your goodly city of Boston. And no one, I am sure, will blame me for preferring to allow the article of Dr. King to lie on the shelf for a time, while I could join with those who, as I had anticipated, and much to my satisfaction, I found to be universally as good-natured and quite as intelligent on medical matters as even Dr. King appears to be. In fact, I must confess I do not well see how any one could be otherwise than good-natured under such kind treatment as we received in that magnanimous city. And I could not but think how much it might have benefited the author of that article to have caught a little of the spirit of that assembly, before writing his philippic. There is nothing in the profession, I believe, which so much disturbs its members, as *ignorance*, *falsehood*, and an *unkind temper*. When we see any one of these manifested in a member, we almost feel instinctively called upon to administer reproof; but, “*layman*” as I am, I forbear the exercise of such high functions. I do not say that Dr. King has been guilty of any one of them. My business is not to accuse, but, in self-defence, to lay the matters referred to in his communication fairly open to your readers. If, on a full and fair examination of the subject, they shall find any one or all of those offences committed by him, they will deal with the offender as high-minded and honorable men shall think meet and proper.

I cannot pretend to dissect and examine all the *assertion* in Dr. King's conglomerate article. The chief points, however, and those which seem to call for special attention, I shall endeavor to notice.

The first one, then, is that the adjuster does not “exhibit the discovery or application of any new principle” in surgery; and on page 234, Dr. King says—“Now let me ask what part of this apparatus has he [Dr. Jarvis] a right to claim as his original invention? Not the double inclined plane certainly, because this has been in general use for a long time. The fracture-shoe is an old affair, and not really worth more than any other old shoe, unless a pair of them might be needed for some masquerade ball. But the rack-bar and pinion wheel seem to be the grand arcana, the body and soul of the whole apparatus; and these were invented and used by M. Belloq in France more than a century ago! It may be that the rack and pinion of Belloq were not so nicely wrought, so finely polished, or so judiciously applied; but the

principle upon which they operated was the same." Again, he says, "I do not say that this apparatus is worth nothing at all, but I do say that very little if any part of it is the original invention of Dr. Jarvis.

In reply to all this, I beg leave to introduce to the reader's notice an article in the Archives Générales de Médecine, 4 Serie, Tom. XI. Aout, 1846. The article in question was written by that indefatigable and accomplished student, Dr. Stout, than whom few are better qualified to give the subject that thorough investigation which its importance demands; and most faithfully has he performed his task, as the reader will see. He examines the whole history of this department of instrumental surgery, from the days of Hippocrates to the time in which he wrote. He divides its history into three periods; giving to each all the improvements, or attempted improvements which were material, together with the names of their authors. As the third and last period may be presumed to cover the whole ground in question, I shall, in quoting, confine myself to that, while I would recommend to the attention of the reader the entire article. I quote from that Journal, page 410.

"III. From the days of J. L. Petit, 1750, to 1846.

"The third period opens a new era. The appearance of J. L. Petit began a revolution in the therapeutics of fractures and luxations. Skill took the place of blind force. Anatomical knowledge and its scientific application were now to supply the defects of instruments too badly combined to be of practical utility. The French have the honor of giving the first spring to this progressive reform. Sanson attributes to Pott the origin of these ideas, but the first suggestion evidently emanated from Petit, who preceded Pott several years, and by his opponents—Pott, Bottcher and Bell—perceiving their value, were they developed: and the great influence of their work, especially of Pott's, soon extended them everywhere in England and Germany.

"By that influence were discarded from therapeutics all the mechanical apparatus which till that time had been considered the indispensable furniture of the surgeon. This exclusion, however, was, as we shall see, carried too far. The new ideas were applicable only to luxations the most recent and easiest of reduction. For others, it was still necessary to resort to power-augmenting instruments. Their real progress was shown in the designation of their place, as to the order of their employment and the limitation of their use to difficult cases. But are not these difficult cases sufficiently numerous to render these instruments indispensable? Petit himself constantly had recourse to the moufle* (pulley), and seems to have been the inventor of an apparatus for luxations of the arm. His fork is an evident improvement. But his principle, the moufle (pulley), set in motion by a treuil (axle), the most powerful principle in mechanics, shows to what extent the reformer had proceeded in search of a suitable force.

"Pott made use of the moufle. In 1785, Van Husson proposed another apparatus for the arm—a *treuil à deux roues engrenées* (an axle

* Although the word "*moufle*" may be correctly rendered *mitten*, still if we consult our author on page 409, we shall see that he uses that term synonymously with "*trochlea mechanica*" (pulley), which term is therefore intended to mean the same thing.

with two wheels interlocked), with the point of counter-extension against the breast. Mahler invented a *vis-à-manivelle* (screw) for the same object; several others employed the same principle, with the same object, as Bavaton and Hagen. Then followed the apparatus of Menel and the axle apparatus of Schneider (*à treuil*), with fixed points in the apartment, which were very favorably received in Germany.

"In 1801, Brunninghausen constructed an apparatus, which differed from others in its employing *la vis continue* (the endless screw). The principal merit of this instrument consisted in its easy application in every place, and in its leaving free the movements of the arm. It was applicable, however, only to one kind of accident.

"In 1810, Freytag and Warneck, one with a *vis*, the other with a *treuil*, succeeded no better. The arm then seemed to be neglected for the thigh, and numerous methods were proposed for the treatment of the latter limb. In fact, it is the most difficult problem of this branch of therapeutics, which, after the attempts of Lafay, BELLOQ, Schneider and Desault, occupied successively the attention of Boyer and Hagedon.

"Their machines, to hinder the contractions of the thigh, are so well known that I may well dispense with any longer mention of them. Suffice it to say, that Boyer's, the most important of all, has, for the principle of its movement, the *manivelle à vis* (rotatory screw).

"In a word, all these apparatus (appareils) present the inconvenience of a *special* application.

"We come finally to speak of the lever, acting by means of the rack and pinion (*par le moyen du pignon et de l'engrenage*); or, in other words, *du cric*. The apparatus of Dr. Jarvis is constructed on this principle.

"The combination of the essential qualities which it presents to fulfil the indications of systematic therapeutics (*une thérapeutique raisonnée*), renders this principle more applicable to surgery than all of those of which we have spoken. Force, multiplied mechanically, combined with gentleness and precision, constitute the whole of the requisite qualities found in the use of the rack and pinion (*du pignon et de l'engrenage*). Previous to the invention of Dr. Jarvis, we find but two examples of the application of this principle to surgery. These are, the instrument of Nicolai, of Kalberstadt, who, in 1822, proposed to hinder contractions in fractures of the neck of the femur; and, secondly, the apparatus invented in 1827, by Frederic William III., king of Prussia, to raise himself up in his bed, in consequence of having broken his thigh.

"The existence of these instruments, however, ought not in the least to diminish the honor of originality due to Dr. Jarvis, who knew nothing of them; and it is owing perhaps to this entire freedom of his mind, that he arrived, if we may so say, by a single leap, at his apparatus of such general application.

"The apparatus of Nicolai, though but little used on account of its high price, demonstrated, nevertheless, the excellence of its principle in the success which it had in the three cases to which it was applied. The inventor himself, however, complained that it was too complex, and this, with its limited application [to a single injury], hindered its general use.

"The apparatus of the king of Prussia, *à deux cric*, to raise up a patient in his bed, might be superseded by another which Dr. Jarvis has composed with but a single cric.

"*Appreciation.*—After having given an idea of the apparatus which preceded that of Dr. Jarvis, it remains only to give due prominence to the advantages which entitle his adjuster to the preference over all other machines. These advantages are [the following] :

"1. The universality of its application, whether to luxations or to fractures; the adjustment and co-aptation of which, offers difficulties, either in supporting a limb while a wounded person is raised and carried home; or, finally, as an orthopedic apparatus.

"2. The faculty of communicating motion of every sort to the member subject to its action, without deranging or interrupting that action.

"3. The harmony of its action, with such a position of a limb as places its muscles in repose."

"4. Its application in every place, without the necessity of searching for fixed points around the patient in order to establish extension and counter-extension.

"5. The possibility of modifying, at will, the force employed, in regard to its quantity or to its velocity.

"6. The facility of transportation.

"7. In difficult and painful reductions, the considerable diminution of time, and the patient's enjoyment of much greater liberty during his treatment.

"By the aid, then, of this instrument, the surgeon possesses a regular and powerful force, subject to his will and easy of application. He has at his disposal a power, which the most vigorous muscles can no longer resist, and which he will manage according to circumstances. He can augment or diminish, accelerate or retard, this power, according to the resistance of the muscles, without injuring them in any manner. He will no longer fear to lose, in fatiguing them, the degree of extension already obtained. The extension he has gained is preserved, as long as the operation requires. Whenever it shall be judged proper to diminish it, it can without difficulty be brought back to the same degree.

"Henceforth the moufle becomes useless. The operator, no longer obliged to seek around the patient those fixed points for extension and counter-extension which so much pre-occupy his attention in the ordinary methods, finds himself relieved from most of the embarrassments which accompany the reduction of a luxation. The point of counter-extension, proceeding directly from the centre of motion in the instrument, is furnished by the apparatus itself.

"As to the place where the operation must be made—the patient's bed, any kind of table, even the field of battle itself, affords as convenient a position as the best furnished amphitheatre.

"Among the advantages of this apparatus, we cannot insist too much upon that which it possesses of leaving the surgeon free, during the whole continuance of any operation, to act with facility on the *mobility* of the luxated limb. Notwithstanding his apparatus is immovable, and the limb is extended to the uttermost, yet nothing hinders the operator

from turning the limb round, or changing its direction in every way. It is no longer possible that the line of extension should be deranged, either by the surgeon's movements, or by the uncontrollable movements of the patient. Besides, the precision in the action of so methodical an apparatus renders all these inconveniences shorter and less fatiguing for the operator as well as for the patient. At most, the patient in his agitation can only carry his instrument away with him, but will not interrupt its action nor cause the axis of extension to deviate."

After having extracted so largely from the *Archives Générales de Médecine*, it may not be amiss for me here to state, that I knew nothing whatever of that article until it made its appearance in that Journal, as I left Paris about one year previous to its publication. If this, and the report of actual cases, treated by the adjuster, in the *Gazette des Hôpitaux*, is what Dr. King means by "French courtesy," then indeed do I regard such "courtesy" as no small evidence in my favor.

It may not be out of place here to state further, that while I was in England, the subject of the originality of the invention underwent the most rigid examination by some of the ablest men in London; and after a most thorough investigation of the whole subject, the invention was, I believe, with one voice, awarded to me—at any rate, I never heard of its being questioned. Dr. King can know but very little of that society from whom I had the honor to receive their *large Gold Medal*, and of which his royal highness Prince Albert is President, if he supposes that it is through "English urbanity" that their premiums are awarded. From the scrutiny to which the adjuster was subjected before that Society's Committee on Mechanics—all of them selected for their superior skill in that department of science, and from among the best talents in the nation, with power to call for persons and papers—myself a perfect stranger to every one of them, not having had even a formal introduction to either—to suppose that the award of such a Committee is "English urbanity," a *merely polite farce*—especially after such an award is backed up by the Society with a *Gold Medal of some fifteen English sovereigns*—is to suppose a greater absurdity than ever existed before. With Dr. King, however, this is all "English urbanity." That I found the English surgeons generally, and many others, *urbane*, I am proud to confess, and I trust I shall ever remember with gratitude the urbanity and kindness with which I was received by very many of them. When such men as Brodie, Cooper, Guthrie, Lawrence, Fergusson, and many others, are thus charged with duplicity, I for one repel the insinuation with disdain. Their names will be ever dear to me. The world will be ever proud of them. But a dog may approach the sleeping lion.

[To be continued.]

MEDDLESOME MIDWIFERY.

[Communicated for the Boston Medical and Surgical Journal.]

"A meddlesome Midwifery is always a bad Midwifery."

I READ the above short sentence in Braithwaite's Retrospect, not many days ago, and the sound common sense it contained has induced me

to turn over again many of the pages of the said work, in hopes of finding, in the communication of which it formed a part, "more of the same sort," but have failed to find it. No matter, however, so long as there is enough in that short sentence to furnish a text for a few remarks on the practice of untimely and unnecessary interference in practical midwifery, as I am fully persuaded there is too much of it done, especially by the younger part of the profession. After years of much labor and hard study, to make ourselves acquainted with the mysteries of the healing art, and persuading ourselves that we have nearly become masters of the perplexing subject, and then commencing business, confident in the expectation that the application of all our scientific rules must produce specific results, it can be no cause of wonder that we should place too much dependence on the efficacy of medicine, and too little on the spontaneous operation of nature's laws, in the cure of diseases. We are too prone to consider ourselves as the principals, and nature our assistant; but as we advance in age and experience, we give more advice, and save our medicine.

This remark, it is thought, is more particularly applicable to midwifery than to medicine. We are not careful enough to reflect that labor is purely a natural process, and will succeed, in nine cases out of ten, if left to the uninterrupted operation of nature's own laws, without assistance from any man or any woman. From a mistaken view of this subject, or from an inordinate desire to expedite the business and bring the labor to a more speedy termination, or, for the professed purpose of assisting dilatation, or of exciting the contractile powers of the uterus to a more vigorous action, the practice of manual interference, it is thought, is too prevalent for the safety of the patient or for the honor of the profession, as it is calculated to cause inflammation of the parts concerned in the labor, and, as an after consequence, puerperal peritonitis, prolapsus uteri, and other diseases that too often follow in the train of such practice, and, sometimes, the best practice. Besides, it deranges the order of the labor, renders dilatation more tedious and tardy, and thus protracts instead of shortening the time and evils of the labor.

These views of the subject were forcibly impressed on my mind, when I commenced the practice of medicine, forty years ago, and have exerted no small influence on my conduct in the business ever since. During a few of the first years, I was often unpleasantly annoyed by the attendants, and not unfrequently by the suffering patient herself, in their urgent solicitations to render manual assistance, and hasten the termination of a lingering labor, when I thought it would be not only *unnecessary*, but very *improper*; and sometimes was chagrined in overhearing among them, such expressions as the following, "If old Dr. D*** was here, he would make the business ache, for he never leaves a woman till she gets through," &c. But my motto was, "neither to hurry nor be hurried," and I often told them so in plain terms, and pursued the same "let-alone" practice in spite of all officious dictation; and the result has been such as not only to *gratify*, but to *surprise* me. During a practice of forty years, confined to one tract of country averaging about twelve miles in diameter, but a little short of 3,500 obstetrical cases have passed through

my hands. But as I have not kept minutes of the cases all the time (a circumstance much to be regretted,) I cannot give the exact number; yet it would not fall short of that number, probably, two hundred. But one important fact stands forth in bold relief, easily remembered, and that defies contradiction, which is, that in the number of cases mentioned in my practice, but one fatal case of puerperal peritonitis or puerperal fever has occurred; while, on the same tract of country to which my practice has been confined, more than fifty women have died with that complaint in other hands.

I am not insensible to the fact that these latter remarks savor too much of the boasting of the charlatan, and they would have been avoided, could I have hit on as feasible a plan to illustrate what I conceive to be the truths contained in the above remarks. I am aware, too, that much, and perhaps all of this flattering success may be attributed to what is commonly called *luck*, by which expression I understand, the fortuitously escaping those cases that are, or would be, necessarily fatal, if, indeed, such cases exist. But let the comparative result be the effect of whatsoever cause it may, I claim no credit for superior skill in effecting it; but if it is to be accounted for from any treatment that is peculiar, it must be the negative or let-alone practice mentioned above.

When the above remarks were commenced, it was the intention to close with a few strictures on the abuse of ergot and other uterine excitants used in labor, the consequences of which, I conceive to be equally destructive of human life with the causes mentioned above, though not to the mother but the child; but perhaps it is best to wait and see if any that is written is worth publishing, before more is added.

C. BANNISTER, M.D.

Phelps, Ontario Co., N. Y., May 19, 1849.

AMERICAN MEDICAL ASSOCIATION—LENGTH OF LECTURE TERMS.

To the Editor of the Boston Medical and Surgical Journal.

DEAR SIR,—My attention has been called to a statement, in the No. of your Journal for the 16th inst., which may give rise to misapprehension, and ought, therefore, to be corrected.

After quoting the resolution introduced by Prof. Wood, in pursuance of which a Committee was appointed to publish, along with Dr. Ware's defence of the four months lecture term, a refutation of the doctrines contained in that defence, the writer of the article alluded to makes the following comment:—

"It has been thought that this resolution, as it is to appear in the Transactions of the Association, will bear upon it the endorsement of the Association. It is obvious that it will do this no more than will Dr. Ware's paper, which, we have seen, has been appended to the report on education. They simply state the opinions of members of the medical faculties in Pennsylvania and Massachusetts, and for which the Association is in no sense responsible."

The errors of this paragraph will be made apparent by a plain state-

ment of the facts of the case. The Committee on Education for 1848-49, addressed to all the medical colleges a circular letter of questions. In answer to a portion of these queries, a paper was drawn up by the Medical Faculty of Harvard University, but was not, the Committee were understood to say, handed in, until the Association had convened in Boston. At that late hour the Committee could have no alternative but to pass the paper by altogether, or to permit it to be read as an appendage to their Report. The latter course was adopted, out of regard, no doubt, to the highly respectable source of the document, which, consequently, found its way into the materials for publication.

In this way it happened, that an act of courtesy on the part of the Association led to the insertion among its published Transactions, of a paper which denied in every particular what the Association had over and over again declared, in respect to the necessity for lengthening the lecture term; what it had affirmed in 1847, reiterated in 1848, and, on the very next day *after* the reading of Dr. Ware's paper, approved anew, *without a dissenting voice*.

But, it was to be expected that some persons who were uninformed of these circumstances, or who agreed with the Faculty of Harvard, might infer from the mere presence of Dr. Ware's paper in the Transactions, that the Association was at least *wavering* in its advocacy of the six months lecture term. In order to prevent this error, and lest the paper, "if not mistaken by the public as a representation of the views of the Association, might at least have the effect of contravening those views," Prof. Wood introduced his Preamble and Resolution, calling for the appointment of a Committee, to prepare "a statement of the facts and arguments which may be adduced in favor of the prolongation of the courses to six months," to be published along with the paper of Dr. Ware.

This Committee, it is obvious, was appointed for the very purpose of preventing a misconception of "the views of the Association"; and its work, therefore, *will* "bear upon it the endorsement of the Association." It may be perfectly true, as your correspondent declares, that Dr. Ware's paper simply states the opinions of the medical faculty in Massachusetts; but it is altogether incorrect to assert, as he impliedly does, that the paper of the Committee will simply state the opinions of the medical faculty in Pennsylvania. That Committee is the organ of the Association alone; it has a specific duty to perform, and is empowered to express no opinions but what the Association has repeatedly advanced in the most solemn form, and after full discussion. Whatever it does more than this must rest upon its own authority; but all that it may do within this limit, is the act of the Association, and not its own.

Another inaccuracy in the communication of your correspondent, is, that Prof. Wood is a member of the Committee appointed under his resolution. Dr. Wood expressly declined serving on the Committee, which is composed of Drs. S. Jackson, J. L. Atlee, and A. Stillé.

I am, &c. &c.

A. S.

Philadelphia, May 23d, 1849.

PHYSICIANS—THEIR INTEGRITY.

[Communicated for the Boston Medical and Surgical Journal.]

As are light and heat to the sunbeam, so should *integrity* be to the character of the physician, inseparable. This is indeed a cardinal virtue in any individual; in the physician it is the life-blood, sustaining the energies of a healthful, moral existence. As well might he hope for success without fathoming the lore of his profession, as attempt it without acting from principles of purest uprightness. Taken as a class, physicians are the acknowledged oracles of the public, in matters pertaining to physical infirmity and doubt, and as such they share more largely the confidence of the inquiring, than did the Pythian of ancient Delphi. Can it, then, be unfair to expect, nay to require their responses to be *only* the language of truth and soberness?

While the importance of the constant exercise of the quality in consideration is well known, and generally admitted, *facts* still speak a not unfrequent delinquency in the right practice thereof. Instances are by no means rare, of intelligent medical men who pursue a course far removed from the path of undeviating truth and rectitude, and no less to their own injury than that of the profession. For, "can a man take fire in his bosom and not be burned?" A clear illustration of conduct uninfluenced by the show, even, of integrity, is sometimes seen in the reception given to an honest physician's opinion in some peculiar case, by one of the profession, base and selfish. Every practitioner, however skilful, is well aware that many times, after all that human wisdom has dictated is faithfully tried, his efforts to save a fellow mortal from the grasp of death must prove unavailing; but in the last moments of agony, while weeping friends express their entire satisfaction of treatment pursued, and exonerate the medical attendant from all culpability in the issue, from the lips of some of the brotherhood does he not sometimes chance to hear the unjust reproach of lack of skill, injudicious management, and the like, when the malicious man, thus seeking to despoil an unsullied reputation, is personally unacquainted with a single circumstance in the condemned treatment. Through years of professional duty, many can testify that the greatest wrong done them was in such, or similar instances, from envious, unprincipled men, of their own ranks. No reference, of course, is here made to the exposure of real ignorance, carelessness or quackery, but to the dishonest course which is aimed at demolishing fair reputation, honestly earned, and on the ruins thereof designing to raise a structure, *sacred to blasting others' merits*.

Then, again, a physician who knows not integrity, will as effectually sap the foundations of another's prosperity by declaiming to the under strata of society, in the corners of the streets, as by more direct assaillment. Plenty of eager listeners he can easily obtain, ignorant alike of cases discussed, and all pertaining to "the healing art;" such minds he can prejudice, and all the while rejoice within himself in prospect of a rotation which shall bring him favor and practice. Many a young physician, of fine sensibility, thus dealt with, has felt compelled to remove from a pleasant and extensive round of professional duty; and sometimes, in

despair, with only a heritage of blighted hopes and crushed energies, has passed early away to the land of justice, where oppression cometh not.

A physician's integrity is tested, too, in that sad hour of suspense in the progress of disease, when friends, full of tender solicitude, are almost annoying in their frequent demands for the opinion of him who ministers to the suffering one. How tempting to whisper a false hope which shall quiet their fears, instead of the dreaded tidings which shall augment their grief! There is perhaps no time when he needs to be more judicious and still faithful to himself and those about him; and at such an hour, how unspeakably precious is the security felt in trusting that physician known to be unflinchingly just in all circumstances.

Aside from those alluded to, there are multitudes of instances, illustrative of the good or ill depending on the exercise or neglect of this invaluable trait in a physician's character; but the limits of a Journal forbid further enlargement. It is left to the consideration of all who read, with the earnest desire that these brief thoughts may awaken that attention to facts connected with the interesting subject, which its importance deserves.

Rockville, Ct., May 16th, 1849.

CLIO.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, MAY 30, 1849.

Sydenham Publications.—Some quite rare and excellent works have just emanated from the Sydenham Society—Rhazes on the smallpox and measles; the complete writings of Hippocrates; vol. 1 of the English edition of Sydenham, and vol. 2 of Rokitsansky's pathological anatomy. There is certainly a lukewarm feeling in this country in reference to the transactions of this Society. The labors of the institution seem not to be appreciated. Some of the rarest treatises on medicine belonging to different ancient epochs, have been put into the English language for a reasonable price. The Society is accomplishing what no individual would have dared undertake, and thus directly contributing to the fund of medical literature, far beyond the expectation of scholars when the enterprise was first undertaken.

Practical Pharmacy.—Thousands who are continually prescribing active medicinal compounds are ignorant of the method of their preparation, or their chemical action on the living system. A medicine suggests no other idea to some minds, than an emetic or cathartic; and very many, it must be conceded, are totally unacquainted with pharmaceutical chemistry.

Messrs. Lea & Blanchard, of Philadelphia, those great contributors to medical libraries in America, to whom we are all vastly indebted for cheapening medical literature by the activity of their never-tiring press, have lately published a fine octavo, containing 668 pages, illustrated by 500 engravings on wood, entitled "*Practical Pharmacy: the arrangements, apparatus and manipulations of the pharmaceutical shop and laboratory*;

by Francis Mohr, of the Royal Prussian College, &c., and Theophilus Redwood, Professor, &c. to the Pharmaceutical Society of Great Britain; edited, with extensive additions, by William Procter, jr., Professor of Pharmacy in the Philadelphia College of Pharmacy." Thus we are presented with the concentrated wisdom of three distinguished teachers of this branch of medicine. If it is studied by those who have any ambition to be made acquainted with the processes of making, mixing and analyzing medicinal preparations, they cannot rise from its perusal without knowing more than when they commenced. No better work could be consulted during a course of chemical lectures at a medical college. Another advantage to be found in this book, is the engraved illustration of the apparatus that is required in a laboratory.

Dr. Mott's Address.—On the 7th of February, Valentine Mott, M.D., of New York, elected President of the Academy of Medicine, delivered an inaugural address. Its chief feature is a tone of hope and encouragement that the degraded condition of the profession may be changed and elevated to the position to which it is eminently entitled. Dr. Mott keeps the idea distinctly in view that New York is the city of American cities, and it is easy enough to discover that he would like to have it considered the centre of all that is grand and imposing in medicine and surgery. We like this ambition to elevate the character and advantages of the great commercial emporium; but it would be a difficult undertaking, with all the orator's influence and fair fame, to blot out the remembrance of the brilliant and eminently successful medical institutions of Philadelphia. It would be a gratification, however, in which every friend of science and humanity would alike participate, to have New York all that the most ambitious of the profession in that great city could desire. Yet it is not to be expected, in a republic like ours, with so many natural advantages for the prosecution of business, the arts, and in fact whatever may be necessary to keep the wheels of civilization rolling, that any one city, like London or Paris, can embrace all the genius, the learning, or the enterprise of the country. Thus medical schools spring up everywhere; hospitals are founded in the interior, and surgeons of wide-spread distinction reside thousands of miles from the old cities upon the seashore.

Dr. Mott's reputation is sure to be on the increase while he has the ability to write a discourse as good as the one under consideration. We are gratified with his observations upon ship fever, and also upon cholera; but especially with the expression of this eminent surgeon in favor of those efforts to elevate the character of the profession, by doing all in our power to ameliorate the sufferings incident to humanity.

Preceding Dr. Mott's speech, Dr. Francis spoke with his accustomed energy and felicity. "This is a joyous meeting," exclaimed the doctor, on resigning the chair which he had been occupying. The Academy is presumed to embrace talent and moral worth, and should it finally accomplish all that is anticipated by its members, the community in which it exists will reap as many advantages from it as those who share in its deliberations.

Georgia State Medical Convention.—On the 20th of March, the practitioners of medicine, throughout the State of Georgia, in pursuance of a call from the Medical College and the Medical Society of Savannah, convened

at Macon, Dr. Hoxey, of Columbus, presiding. Dr. Lewis D. Ford, of Augusta, was subsequently elected president. The object, as explained by Dr. R. D. Arnold, of Savannah, was centralization and organization, for the advancement of the profession. The same afternoon the convention resolved itself into the *Medical Society of the State of Georgia*, of which Dr. Ford was elected the first President. Dr. Arnold is to deliver an address at the next meeting—which is to be at Macon, in 1850. The Society is to memorialize the Legislature in regard to a law of registration. It was proposed, also, that auxiliary societies should be formed, which should keep a register of the names of regular practitioners, records of the weather, notes of diseases, &c. A gratifying compliment was paid to the Southern Medical Journal, which was well deserved, for its energetic course, independence and excellence. The constitution and code of ethics are drawn up with much care, and would seem to ensure peace, friendship and co-operation among the members.

Antiquity of Anæsthetic Agents.—Although etherization seems to have taken the whole civilized world by surprise, and all men of intelligence admit that it is of incalculable importance to humanity, it is quite certain that various articles have been in use from immemorial time in Asia, for producing the same result. Not long since, reference was made to the notes of an American missionary in China, who saw a vast procession of religious devotees, more or less maimed by recent wounds, having large brass hooks passed through the muscles of their arms, to which pots of flowers were suspended, and yet they were wholly free from pain.—A recent number of the London Medical Gazette furnishes further proof in corroboration of the former practice of this method. It is there stated that M. Stanislas Julien makes the following statement. A Chinese surgeon, upwards of two hundred years before our era, had employed the cannabis Indica to produce a state of insensibility, before performing surgical operations. This curious affair is extracted from a Chinese system of medicine, entitled *Kou-kin-i-long*, which was published in the sixteenth century. From the representations of the delightful reveries which the patient experiences while under the influence of that drug, some of them being recent, and from highly respectable sources, we are led to hope that some one may commence a course of experimental observations upon the effects of the Indian hemp, with reference to its anæsthetic properties. Through the earnest endeavors of Prof. O'Shaughnessy, of Calcutta, the extract, a few years since, was extensively prescribed for neuralgic diseases, with high expectations; but in New England, at least, it was found to be nearly if not quite powerless. The want of success may possibly have been in consequence of the timidity of practitioners inducing them to prescribe doses not of sufficient potency. From various sources abroad, the impression has become extensively diffused that the cannabis Indica exerts a wonderful control over the nervous system, which might be readily confirmed or removed. Here is ground for investigation.

Mortality in Rochester, N. Y., for 1848.—Dr. Ely publishes, in the Rochester papers, the following information respecting the mortality in that city the last year:—"The mortality for 1848 was 962, being an excess of 215 above the previous year. The ages of 70 were unknown. Of 3 years old and under, there were 413. If we estimate the population at

32,000, the rate of mortality will be 1 in 33.26, or 3 per cent. The records show a progressive decrease in the deaths by consumption. The proportion of this disease to the whole mortality in 1845, was 21.15 per cent; in 1847, 16.46 per cent.; and in 1848, 14.65 per cent. On the other hand, the "summer complaints" have increased during the same period; for in 1845, they constituted but 7.96 per cent. of the mortality; in 1847, it was 17.53 per cent.; and in 1848, 21.62 per cent. There are no other material variations from the preceding year, except that the deaths from inflammation of the bowels are increased from 16 to 42; scarlet fever from 5 to 81, and smallpox from 2 to 17 cases."

Massachusetts Medical Society.—This Society meets this day in Boston, instead of the 31st, as inadvertently mentioned in last week's Journal. The members have generally been officially notified through the Journal of the time and place of meeting. This year, from some cause, such notification has been omitted, and the members have been obliged to trust to other and uncertain sources of information.

Medical Miscellany.—Dr. Aldridge has discovered that sugar, identical with the sugar of grapes, of honey, and of diabetes, is an essential constituent of the egg of the common domestic fowl.—Dr. S. Jackson, Philadelphia, is President of the Medical Society of Pennsylvania.—Dr. Daniel Drake, of the Louisville Medical College, Ky., has re-established himself in Cincinnati.—Mrs. Moore, wife of David Moore, Philadelphia, on the 17th inst., gave birth to four children, three of whom are alive and hearty. The mother is a woman about 29 years of age, a native of Ireland. She has had two husbands. Her first husband, whose name was Bell, was an Irishman, and a middle-aged man. She was married to him about ten years ago. Her present husband, to whom she was married about nine months since, is a young man only 21 years old. Mrs. Moore had six children by her former husband, at three births.

Register of Cases in which Ether was employed at Morton's Letheon Dental Establishment, 19 Tremont Row, for the week ending May 26, 1849.

Sex.	Age.	Number of Teeth extracted.	Quantity of Ether used.	Time of Insensibility.	Time of Recovery.	Temperament.	Pulse at commencement and end.	Remarks.
Female.	33	16	2 oz.	5 m.	1½ m.	Lymphatic.	70—105	Perfectly quiet.
"	34	21	1½	3	1	Nervous.	77	"
Male.	18	1	1	3	1	Lymphatic.	105	Restless.
"	40	7	¾	2	2	Very Nervous.	100	No resistance.
"	21	1	1	1	1	Lymphatic.	120	"
"	48	1	1½	1½	1	Robust.	70	Slight resistance.
"	23	1	1	1	¾	Delicate.	70—60	Quiet.
Female.	"	2	1½	3	2	Common health.	65—70	"
"	23	Destroyed a nerve.	¾	½	½		100—130	Considerable agitation.
Male.	"	1	1	½	½			"
"	24	2	1½	1½	Instantly	Common health.	Irregular.	
Female.	20	1 Tooth excavated	1	3	2		Irregular.	Perfectly quiet.

Report of Deaths in Boston—for the week ending May 26th, 63.—Males, 41—females, 22.—Of consumption, 12—measles, 8—scarlet fever, 7—typhus fever, 3—lung fever, 2—rheumatic fever, 1—brain fever, 1—inflammation of the lungs, 2—congestion of the lungs, 1—accidental, 2—dropsy, 3—drowned, 2—disease of the heart, 2—teething, 2—erysipelas, 1—inflammation of the bowels, 2—marasmus, 1—hooping cough, 2—convulsions, 2—infantile, 1—chronic diarrhoea, 1—apoplexy, 1—child-bed, 1—debility, 1—old age, 1—paralysis, 1.

Under 5 years, 28—between 5 and 20 years, 6—between 20 and 40 years, 15—between 40 and 60 years, 10—over 60 years, 4.

The late Medical Meeting in Boston.—Dr. N. S. Davis, editor of the New York Annalist, thus speaks of hospitalities tendered to the members of the Association at their late meeting in this city.

"Besides the ordinary hospitality, for which Boston and its environs enjoy an enviable reputation, the members of the Association were most delightfully entertained on Tuesday evening, at the residences of Drs. J. C. Warren and J. Bigelow. On Thursday evening, at those of the Hon. Abbott Lawrence, Dr. Hayward and Dr. Homans; while on Wednesday evening all had the pleasure of partaking of one of the most splendid collations ever presented, provided by the Massachusetts State Medical Society at the Revere House. The hall was hung with the portraits of eminent physicians, now numbered with the dead; and the immense company were welcomed in a very appropriate and eloquent speech by the Mayor of Boston. This was responded to in the course of the evening by several eminent members of the profession from distant States; and as a season of social enjoyment, of rational hilarity, of brilliant wit and eloquent interchange of sentiment, we have never seen it surpassed. And all this too, without one drop of intoxicating drink to remind us of man's direst scourge. We cannot too warmly express our approbation of the noble example and liberal hospitality, both of the profession and community of Boston and the whole of Massachusetts."

Death of Dr. Wurdemann.—It is our painful duty to record the death of Dr. J. G. F. Wurdemann, by consumption. The knowledge that his life was to be a short one did not deter him from pursuing his cherished objects with ardor, and though death found him prepared, it took him from useful and honorable occupations. Born in Charleston, and educated to the medical profession in Europe, he was early appointed Demonstrator of Anatomy in the Medical College of the State of South Carolina. Compelled by ill health to resign his place and a lucrative practice, he spent the last eight or ten years of his life in Cuba, Florida, and Aiken, S. C. That this time was not uselessly spent is proved by his work on Cuba, advantageously known in this country and Europe, and other productions to which he did not affix his name. His unaffected diffidence concealed from all but his intimate friends the resources of his mind, while his fervent piety and active charity endeared him most to those who knew him best. He died in his fortieth year.—*Charleston (S. C.) Med. Journal.*

Benefits of Vaccination—Spread of Smallpox in Angouleme.—For some time past a very serious epidemic of smallpox has spread in the above commune. The municipal authorities sent Dr. Gigon to investigate the circumstances, and advise on the means of arresting the epidemic. The following facts have been ascertained:—The epidemic reigned for two or three months; fifty-two persons out of a population of four hundred were attacked; seven died, and thirty were still under treatment: *none of those who died had been vaccinated.* It is impossible to cite a more striking instance of the protective influence of vaccination. It is true that some who had been previously vaccinated were attacked by smallpox, but in all these cases the disease was mild, and left no traces.—*Gazette Médicale.*

The Dover Enquirer says there has not been a death in that town since the 20th of April, a period of more than four weeks, which is remarkable for a town having 10,000 inhabitants.